



# SUFFOLK COUNTY

## PUBLIC EMPLOYEES DEFERRED COMPENSATION BOARD

### Labor and Management Working as One

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Detective Association

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**Douglas Miller**  
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**Michael Polchinski**  
Correction Officers Association

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**Kristine Sciangula**  
Department of Civil Service

**Marion Smith**  
Secretary to the Board  
Sr. Assistant to the Personnel Officer

**PROGRAM PROVIDER**  
T. Rowe Price  
1-888-457-5770

Please contact your Board representative (listed below) before starting to complete the *Application for Retirement Catch Up Form*:

**Association Municipal Employees** – Linda Brown AME office  
589-8400 email [LBrown@scame.org](mailto:LBrown@scame.org)

**Police Benevolent Association** – Joe Link PBA office 563-4200; fax 563-4204 or email: [jlink@suffolkpba.org](mailto:jlink@suffolkpba.org)

**Superior Officers Association** – Jim Gruenfelder SOA office 654-0400  
email: [jgruenfelder@suffolksoa.com](mailto:jgruenfelder@suffolksoa.com)

**Detectives Association** – Jeffrey Cergol SDA office 563-4408 or email:  
[jcergol@scdets.com](mailto:jcergol@scdets.com)

**Detective Investigators** – John Keary SDI office 244-9212 or email:  
[scdipba@gmail.com](mailto:scdipba@gmail.com)

**Correction Officers Association** -- Michael Polchinski  
COA office 208-1301

**Probation Officers Association** – Don Grauer – POA office 654-2080  
Email: [scpoapresident@gmail.com](mailto:scpoapresident@gmail.com)

**Deputy Sheriff's PBA** – John Della Rocca office 853-6110 or email:  
[John.Dellarocca@suffolkcountyny.gov](mailto:John.Dellarocca@suffolkcountyny.gov)

**Management & BOE**-- Leave a message for a call back on the Deferred Compensation line at 853-5424.

**SUFFOLK COUNTY PUBLIC EMPLOYEES  
DEFERRED COMPENSATION PLAN**

[www.scdeferredcomp.org](http://www.scdeferredcomp.org)

**Application for Retirement Catch-up**

If you wish to contribute money in excess of your annual normal contribution, please complete the attached application and return as specified below. Please remember that the first amount in the year 2014 is the normal contribution level in that year and any contributions **in excess** of normal contributions are categorized as catch-up contributions. **You must be an active member of the Plan for at least three months. You must submit a complete copy of your New York State and Local Retirement System Member Annual Statement with this application. This statement is sent to you every year in the Spring. You can obtain the pertinent information online at [www.osc.state.ny.us/retire](http://www.osc.state.ny.us/retire). You must first apply for a pin number which will be mailed to you by clicking on "Sign up for Retirement Online".**

NOTE: Participants can only contribute to either Catch-up or age 50 plus contributions

<u>Year</u>	<u>Normal</u>	+	<u>Catch-up</u>	or	<u>Age 50 catch-up</u>
2015	\$18,000		\$18,000		\$6,000

Once your application is submitted, a County produced report of your deferred compensation contributions to this plan since 1990 (based on our payroll records) will be generated and attached to this form. The information contained on that report and a copy of the payroll records for 1986 to 1989 would be used to determine whether you are eligible for the catch-up contribution amount you are requesting.

Note: If you work (or worked) for another municipality, including Suffolk County Community College and contributed to their government 457(b) Plan during any years you contributed to our government 457(b) Plan, please document those contributions. You may not elect retirement catch-up if you already elected a catch-up provision while with a previous employer or have always contributed the maximum contribution amount to the plan and therefore, have no underutilized contributions.

Return the completed form to the Suffolk County Public Employees Deferred Compensation Board, c/o Civil Service, Building #158, P.O. Box 6100, Hauppauge, New York 11788-0099 via U.S. mail.

Name _____	Social Security # _____	Date of Birth _____
Address _____	Department _____	Retirement System _____
_____	Work Phone _____	Home Phone _____

Please place a check mark before your bargaining unit:

- ☐ PBA      ☐ AME      ☐ SOA      ☐ CORRECTION OFFICERS      ☐ DEPUTY SHERIFFS  
☐ DETECTIVE INVESTIGATORS      ☐ DETECTIVES      ☐ MANAGEMENT      ☐ PROBATION OFFICERS  
☐ OTHER \_\_\_\_\_

.....  
**Please note: Your catch-up contributions in any calendar year will only start once you have reached the maximum in normal contributions for that calendar year. Although you can contribute to catch-up for only one year, or for two years or for the maximum time limit of three years, please note that catch-up contributions may be made during three consecutive calendar years.**

## Retirement Catch-up

The retirement "catch-up" provision of our 457 Plan permits you to increase the maximum amount you may contribute in each of the three years before the year in which you reach your "Normal Retirement Age." Normal Retirement Age (NRA) is any age designated by you beginning no earlier than the age in which you may retire with full pension benefits up until age 70 ½. If you are not in the pension system, your NRA may not be earlier than age 65 nor later than age 70 ½.

The designation of a NRA by the participant is used solely to determine eligibility for the catch-up provision and establish the years during which catch-up deferrals may be made. The designation of a NRA neither requires the participant to retire in that year nor does it prohibit the participant from retiring in any of the three years that immediately precede NRA. However, the Internal Revenue Code (IRC) and the IRS Rules prohibit catch-up deferrals in the year the participant designates as his or her NRA.

Your eligibility for catch-up depends upon the contributions for previous years in which you were eligible to participate in this Plan, but did not contribute the maximum amount. You can print a "PHAROS" report, found on our website, [www.scdeferredcomp.org](http://www.scdeferredcomp.org) to determine your under-utilization of contributions.

The absolute maximum deferral for each of the three years is twice the applicable regular contributions limit for the year. This means that the total 457 Plan deferrals (normal contributions plus retirement catch-up) may not exceed \$36,000 in 2015. If you wish to take advantage of the retirement catch-up provision, you should contact your Board representative who will assist you in the preparation of this application.

Please designate the year in which you attain your Normal Retirement Age. \_\_\_\_\_ (see 1<sup>st</sup> paragraph above)

### RETIREMENT CATCH-UP OPTION

State the year(s) and amount annual Catch-up Contributions you wish to make. If you wish to defer the maximum, please write "maximum" under the column Annual Catch-up Amount

Year	Annual Catch-up Amount
	\$
	\$
	\$

% \_\_\_\_\_ T. Rowe Price

% \_\_\_\_\_ VALIC Retirement Services

You will be notified by mail as to the amount approved for catch-up. It is your responsibility to contact your provider(s) to increase the amount of your bi-weekly contribution up to the amount approved. **Please note, if you do not change your bi-weekly contribution, it will remain unchanged.**

The deferral limits on this form may change in the future. The 2016 limits will be announced in November of 2016. Assuming the limit will increase in the future, you will be notified of the maximum allowable amount for which you will be eligible.

**The above information is true and accurate to the best of my knowledge. I understand that by signing the application I am affirming that I am within 3 years of my normal retirement age without any actuarial reduction and that I have been an active participant in the Plan for at least three months. Further, I understand that the Deferred Compensation Board will verify the information I provided on this form. If my calculations are in error, I authorize the Board to adjust my calculations to comply with the guidelines. I also understand that failure on my part to accurately and completely provide information requested by the Board to determine my eligibility will result in a delay in the processing of this request. I understand that I must contact the provider(s) in order to change my contribution amount. I understand that any requests to amend this application must be submitted in writing to the Board.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only

Date Received \_\_\_\_\_ Date Reviewed \_\_\_\_\_ Approved \_\_\_\_\_ Int'l \_\_\_\_\_ rev 7-20-15

c/o Civil Service Dept., PO Box 6100, Bldg. 158, Hauppauge, NY 11788-0099